

**DISCHARGE MONITORING REPORT** (Stormwater Inspection Summary)  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY

North Dakota Pollutant Discharge Elimination System

1. Name of Facility	
2. Permit Number	3. Monitoring Period From: To:

4. Was sediment accumulation, material residue or erosion observed at any storm water outfall during the monitoring period? <input type="checkbox"/> Yes - (Complete items 5 through 11 ) <input type="checkbox"/> No - (Skip to item 11 )
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5. Date incident first observed:	6. Storm water outfall number or location:
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7. Description of incident (sedimentation, erosion, etc.) and possible cause:
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8. Size of area effected (Provide dimensions for area effected, include depth or volume estimate for accumulated sediment):
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9. Brief description of steps taken to repair damage and prevent future occurrences:
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10. Comments (For additional incidents repeat items 5 through 9. If necessary attach separate sheets):
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11. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
Print Name and Title of Principal Executive Officer	Telephone Number
Signature of Principal Executive Officer or Authorized Agent	Signature Date